



GEORGIA DEPARTMENT OF PUBLIC HEALTH
BRENDA FITZGERALD, M.D., COMMISSIONER

FOOD SERVICE PERMIT

(ISSUE DATE)

(PERMIT NUMBER)

A PERMIT IS HEREBY GRANTED TO

to maintain and operate a _____ food service establishment named
(TYPE OF OPERATION)

located at _____ GEORGIA
(STREET, HIGHWAY, OR RFD) (CITY OR TOWN) (COUNTY) (ZIP CODE)

This permit signifies compliance on the date of issue with the Rules of the Georgia Department of Public Health pursuant to the O.C.G.A. 26-2-373 et seq. and is valid until the permit is suspended, revoked, or expires.

Issuing Official for County Board of Health

DISPLAY FOR PUBLIC VIEW – NOT TRANSFERABLE – PROPERTY OF THE HEALTH AUTHORITY